



I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450, ON THE DATE INDICATED BELOW.

BY: Gladys E. Morales Date: February 28, 2006  
MAIL STOP AMENDMENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

First Named Inventor: Wilbur H. Highleyman §  
§  
§  
Conf. No.: 5788 § Group Art Unit: 2167  
§  
Appln. No.: 10/700,410 § Examiner: Greta Lee Robinson  
§  
Filing Date: November 3, 2003 § Attorney Docket No.: 9203-21U4  
§  
Title: SPLIT PROCESSING SYSTEM FOR PROVIDING INCREASED SYSTEM AVAILABILITY

**AMENDMENT TRANSMITTAL LETTER**

Transmitted herewith is an Amendment in the above-identified application.

The additional claim fees have been calculated as follows:

|  |   |     |                                       |                  | SMALL ENTITY |            | LARGE ENTITY |               |
|--|---|-----|---------------------------------------|------------------|--------------|------------|--------------|---------------|
|  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |     | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE         | ADDIT. FEE | RATE         | ADDIT.<br>FEE |
| TOTAL  | 32  | (-) | 26                                    | 8                | x25          | 200        | x50          |               |
| INDEP.   | 2   | (-) | 2                                     | 0                | x100         |            | x200         |               |
| [] 1st PRESENTATION OF MULTIPLE DEPENDENT CLAIMS |   |     |                                       |                  | +\$180       |            | +\$360       |               |
|  |   |     |                                       |                  | TOTAL        | \$200      | TOTAL        |               |

The additional claim fees are being paid by:

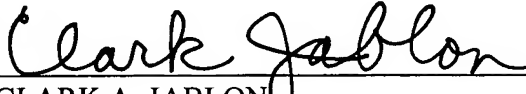
|                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | A check in the amount of <b>\$200.00.</b>   |
| <input checked="" type="checkbox"/> | Authorization to charge and/or credit Deposit Account No. 50-1017 (Billing No. 209203.0037) as noted below.   |
| <input checked="" type="checkbox"/> | Any overpayments or deficiencies in the above-calculated fee.   |
| <input type="checkbox"/>            | Additional claim fee in the amount of \$ _____.00 as calculated above.  |
| <input checked="" type="checkbox"/> | Any additional fees required under 37 C.F.R. § 1.16 and/or § 1.17.  |
| <input checked="" type="checkbox"/> | In the event that a Petition for Extension of Time is required, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account. |

Respectfully submitted,

WILBUR H. HIGHLEYMAN et al.

February 28, 2006  
(Date)

By:



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